

# Georgia Department of Human Resources

## **DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ADDICTIVE DISEASES**

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) serves people of all ages and those with the most severe problems. Often, their problems are long-term, and most will not receive help without state-supported services. During FY '03, MHDDAD served 202,416 people.

The division has some 8,000 employees; most work in state hospitals. The budget appropriation for FY 2004 was nearly \$847 million, including \$606.7 million in state funds.

The MHDDAD regional offices oversee an array of services for people needing treatment for mental illness or substance abuse problems, support services for people with mental retardation and related developmental disabilities, or substance abuse prevention services. Services are provided across the state through seven regional MHDDAD hospitals and through contracts with 25 community service boards, boards of health and nearly 400 private providers.

### **The MHDDAD system**

- Legislation passed in 2002 (HB 498) brought important changes to the MHDDAD system. A revised regional structure makes DHR clearly accountable for services and allows improved integration of hospital and community services, more accessible services, more consistency in availability and quality of services statewide, and more collaboration with other human service agencies whose resources can help meet the needs of MHDDAD consumers.
- Seven regional offices manage the hospital and community resources assigned to the region. They oversee implementation of statewide initiatives, regularly monitor services to ensure consumers are receiving services they need and are doing well, hear complaints about services, ensure complaints are investigated and resolved, and conduct special investigations and reviews when warranted. Currently, the regional offices administer over \$342.5 million in state and federal funds through contracts for community services.
- Regional planning boards, volunteer citizen boards appointed by county commissioners, identify local needs and develop priorities for services. They are the voice for consumers and their families in setting local and statewide priorities, and they serve as advocates with local officials for needed services.
- Community service boards are the public provider of community MHDDAD services.

*fact sheet*

- Consumers and their families help to shape the system that affects their lives. They make up at least half of the membership of both the regional planning boards and the community service boards. Consumers are also employed in state hospitals and community programs to ensure that their voice is heard in service planning and delivery.

## Community Services

The MHDDAD system aims to serve people in the community as a first resort with hospitalization reserved for people who truly need that level of care. Community services have become more flexible and are more easily tailored to individual needs. Services go beyond stabilization and maintenance to promote recovery and independence and the individual's integration into the regular community. A network of providers, including community service boards, boards of health and private agencies, provide a range of services to people in their home communities, including outpatient services; residential services; day treatment, training or support programs; crisis intervention and supported employment.

**Outpatient services** include diagnosis and evaluation, individual, group or family counseling, medication monitoring, education, and service coordination. In FY '03, 188,070 people received outpatient services.

**Community residential services** provide living arrangements for people with mental illness or mental retardation who need support to remain in the community, and detoxification and treatment programs for people with substance abuse problems who need 24-hour, structured treatment. Nine residential treatment programs serve youngsters with the most severe alcohol and drug-related problems. Last year, 24,882 people lived in some type of state-supported residential arrangement in the community.

**Day programs** help people with severe disabilities learn basic living, social and work skills. Day support services for people with developmental disabilities include activities in typical community settings, activities in training centers, pre-vocational training and supported employment. Day services for people with mental illness include psychosocial rehabilitation programs as well as less intensive day support and peer support services. In FY '03, 28,976 people participated in day programs.

**Family support and natural support enhancements** keep consumers in their own communities by focusing on the consumers and their support networks such as family and friends. Services include: training or assistance with social interactions, daily living skills, managing health and diet, respite for caregivers, transportation, person-centered planning, accessing and coordinating medical services, and financial life planning. Last year, 3,500 consumers were active (at some time) in family support, natural supports coordination, natural supports enhancement services, and/or natural support therapeutic services.

**Supported employment** provides the supports people with mental illness or mental retardation need to find and keep jobs. Consumers continue to say that employment is their top priority. In FY '03, 6,788 people with mental disabilities worked in real jobs through supported employment.

Through interdepartmental partnerships, the **Ready for Work** addiction treatment program designed specifically for women has 34 outpatient programs that served 1,356 women, and 22 residential programs that served 800 women in FY '03. In both programs,

women can receive treatment and follow-up for up to one year. In the residential program, women can bring their children up to age 13.

Services for children are a priority. Georgia has expanded **community mental health services for emotionally disturbed children and adolescents** from limited outpatient diagnosis to a network of services. The network includes: counseling services, community supports and in-home treatment services, therapeutic after school programs, respite care, community residential treatment services and crisis services. In FY '03, 39,918 children and adolescents with serious emotional disturbances were served in community programs.

In addition, **outdoor therapeutic programs** in Warm Springs and Cleveland serve young people with serious emotional disturbances in wilderness, camplike settings. In FY '03, the programs served 269 youngsters

Most Georgia communities have **prevention activities**, such as preschool programs, parenting programs, teen centers, and mentoring or tutorial programs to help youngsters avoid alcohol and other drug use. The division sponsors the annual Georgia Red Ribbon celebration of drug-free living and a toll-free helpline to provide prevention information. Each year, more than one million people receive some form of prevention services.

## State hospitals and institutions

When hospitalization is needed, it is currently provided by seven hospitals serving specific geographic regions and through contracts with private hospitals. The seven regional MHDDAD hospitals primarily treat people with severe, persistent mental illness often complicated by substance abuse issues. Usually, patients are hospitalized for a short time until they are stable and can return to community treatment programs.

In FY '03, 19,290 consumers were served in state hospitals.

- 14,950 adults had a primary disability of mental illness or substance abuse;
- 2,774 children or adolescents had a primary disability of severe emotional disturbance or substance abuse;
- 1,566 people had a primary disability of mental retardation or related developmental disabilities.

State hospitals also provide **forensic services** to people who are charged with a crime and were found incompetent to stand trial or "not guilty by reason of insanity," and people involved with the Department of Corrections and local law enforcement agencies. On a given day in FY '03, there were 454 forensically-involved adult inpatients. In FY '03, forensic programs also performed over 3,200 court-ordered pre-trial evaluations of people charged with a crime.

The seven psychiatric hospitals have separate units for people with mental retardation. Three hospitals have developed **state-operated services** to ensure community services are available for those who are most difficult to serve when other providers are not available. Southwestern State Hospital, East Central Regional Hospital and Central State Hospital set up and run community homes, staffed by hospital employees but located in regular neighborhoods, for people with developmental disabilities.

In addition, Southwestern State Hospital operates four assertive community treatment teams for people with serious mental illness and addiction, a residential program for people with both illnesses, and an intensive treatment residence.

In FY '03, Northwest Georgia Regional Hospital and West Central Georgia Regional Hospital opened community-based homes for older adolescents who need a period of

transition from long-term hospital services.

**Hospital/Institution**

**Location**

Central State Hospital	Milledgeville
East Central Georgia Regional Hospital (including Gracewood State School and Hospital (DD))	Augusta
Georgia Regional Hospital-Atlanta	Atlanta
Georgia Regional Hospital-Savannah	Savannah
Northwest Georgia Regional Hospital	Rome
Southwestern State Hospital	Thomasville
West Central Georgia Regional Hospital	Columbus

**Looking to the Future**

Statewide plans include:

- establishing an effective and consistent system statewide for entering people into services, properly assessing their eligibility and level of need, and linking them to the most appropriate services;
- improving oversight for consumers of all services to ensure that services are working as they should and problems are identified and corrected early;
- continuing to develop options for consumers to allow more choice, and continuing to develop state-operated services to provide needed services that are not otherwise available;
- expanding opportunities for self-direction and community integration for consumers;
- expanding availability of recovery-based services, especially peer support services, for consumers with mental illness or addictive diseases and services that can go to the person where he or she is and assist with real-life situations;
- increasing availability of community-based crisis services to prevent unnecessary hospitalization, including crisis stabilization services for children and adolescents;
- enhancing supports for families with children who are severely emotionally disturbed when problems first start, to prevent escalation and the need for more intensive services;
- developing integrated services that pull together resources from throughout the system and community to better meet individual needs;
- continuing the transition from hospital to community services for people with developmental disabilities; transitioning adolescents and adults from long-term care hospital settings to intensive community residential services (Olmstead initiative).